



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

cs 1/10/03

RECEIVED

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MAILED

## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Hirai	Brian	T.	(808) 529-7300
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 2800	Honolulu,	Hawaii	96803-2800
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
McCorriston Miller Mukai MacKinnon LLP			(808) 529-7300
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 2800	Honolulu	Hawaii	96802-2800

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Hawaii Dental Service	(808) 521-1431		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
700 Bishop Street, Suite 700	Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jonathan R. Won			(808) 521-1431
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
700 Bishop Street, Suite 700	Honolulu	Hawaii	96813

### PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

### PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

1/8/03

(Date)

### PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Jonathan R. Won	President/CEO		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Hawaii Dental Service	(808) 521-1431		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
700 Bishop Street, Suite 700	Honolulu	Hawaii	96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
			1/8/03
(Signature of Authorizing Officer or Person Represented)			(Date)